

ROSTER RECEIVED

DATE: _____

TIME: _____

STAFF _____



ATHLETICS SECTION

ADULT SPORTS SECTION

SOFTBALL	BASKETBALL	VOLLEYBALL	GOLF	FLAG FOOTBALL	ARENA SOCCER	OTHER SPORTS
MENS _____	MENS _____	COED _____	COED _____	MENS _____	MENS OPEN _____	DODGEBALL _____
WOMENS _____	40+ _____				MENS REC _____	KICKBALL _____
COED _____					WOMENS _____	
					COED _____	

NAME OF TEAM _____

TEAM MANAGER _____

ADDRESS _____

HOME PHONE # _____

BUSINESS PHONE _____

E-MAIL _____

NEW TEAM yes ☐ no ☐

TEAM NAME LAST PLAYED UNDER _____

RECORD _____

IF THE TEAM IS SPONSORED BY A BUSINESS, PLEASE PROVIDE THE FOLLOWING:

NAME OF SPONSOR _____

BUSINESS LICENSE # _____

BUSINESS ADDRESS _____

TELEPHONE # _____

ROSTER POLICIES

ALL PLAYERS SIGNING THIS ROSTER SHALL BE CONSIDERED ON THIS TEAM UNTIL WRITTEN NOTICE STATING OTHERWISE HAS BEEN SUBMITTED BY THE MANAGER TO THE ATHLETICS OFFICE.

PLAYERS MAY NOT BE ON MORE THAN ONE ROSTER PER NIGHT, BUT MAY BE SIGNED UP ON OTHER ROSTERS ON OTHER NIGHTS OF THE WEEK.

NO ADDITIONS MAY BE MADE TO THIS ROSTER AFTER THE DEADLINE ESTABLISHED FOR THE SEASON WITHOUT THE CONSENT OF THE LEAGUE COODINATOR.

ALL ADDITIONS, AFTER THE DEADLINE, ARE SUBJECT TO THE APPROVAL OF THE RECREATION DEPARTMENT.

ALL PLAYERS PARTICIPATING IN THE CITY OF CHULA VISTA ATHLETICS LEAGUES AGREE TO COMPLY WITH ALL RULES AND REGULATIONS ESTABLISHED BY THESE LEAGUES.

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*****Office only *****

DATE REGISTERED _____

CASH _____

RECEIPT # _____

CHECK _____

BK # _____

CK # _____

****PLEASE TURN IN ALL ROSTERS TO MONTEVALLE GYMNASIUM, 840 DUNCAN RANCH RD ****

Remember to staple both pages together when turning in your roster

PHYSICAL LIMITS AND THAT THE VERY NATURE OF THE ACTIVITY IS HAZARDOUS COULD RESULT IN DEATH, INJURY, AND PROPERTY LOSS. RISK MAY DERIVE FROM CONDITIONS OF TERRAIN, FACILITIES, WEATHER, EQUIPMENT, LIGHTING, THE ACTIONS OF OTHERS AS WELL AS OTHER SOURCES.

I HEREBY ASSUME ALL RISKS OF MY INVOLVEMENT IN THIS ACTIVITY. I CERTIFY THAT I AM PHYSICALLY FIT AND HAVE BEEN SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS ACTIVITY, AND HAVE NOT BEEN ADVISED OTHERWISE BY A QUALIFIED MEDICAL PERSON.

I ACKNOWLEDGE THAT THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY WILL BE USED BY THE CITY OF CHULA VISTA AND OTHER ACTIVITY HOLDERS, SPONSORS AND ORGANIZERS, AND THAT IT WILL GOVERN MY ACTIONS AND RESPONSIBILITIES AT SAID ACTIVITIES.

IN CONSIDERATION OF ME BEING PERMITTED TO PARTICIPATE IN THIS ACTIVITY AND ON BEHALF OF MYSELF, MY EXECUTORS, ADMINISTRATORS, HEIRS, SUCCESSORS AND ASSIGNS, I HEREBY (A) WAIVE RELEASE AND DISCHARGE FROM LIABILITY THE CITY OF CHULA VISTA AND THEIR AGENTS AND THE AMATEUR SOFTBALL ASSOCIATION OF AMERICA, AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, REPRESENTATIVES AND AGENTS, AND THE ACTIVITY HOLDERS, SPONSORS, DIRECTORS, AND VOLUNTEERS, FOR MY DEATH, INJURY OR PROPERTY LOSS OR DAMAGE OR ACTION OF ANY KIND WHICH MAY ACCRUE TO ME AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY, AND; (B) AGREE TO INDEMNIFY AND HOLD HARMLESS THE ABOVE MENTIONED ENTITIES OR PERSONS FROM ANY AND ALL LIABILITIES OR CLAIMS MADE BY OTHER INDIVIDUAL OR ENTITIES AS A RESULT OF ANY OF MY ACTIONS DURING THIS ACTIVITY EXCEPT FOR THOSE CLAIMS ARISING FROM THE SOLE NEGLIGENT OR WILLFUL CONDUCT OF THE CITY OF CHULA VISTA OR IT AS AGENTS.

I HEREBY CONSENT TO THE ADMINISTERING OF MEDICAL TREATMENT IF DEEMED ADVISABLE IN THE EVENT OF INJURY, ACCIDENT, AND/OR ILLNESS DURING THIS ACTIVITY. THIS ACCIDENT WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER APPLICABLE LAW.

I HEREBY ACKNOWLEDGE AND CERTIFY THAT I HAVE READ THE ACCIDENT WAIVER AND RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENT. I FURTHER UNDERSTAND AND AGREE THAT IT IS MY RESPONSIBILITY TO PROVIDE MY OWN INSURANCE.

NAME	SIGNATURE	ADDRESS	TELEPHONE
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I have read and understand the Roster Policies on page one of the Roster